

## 2025 Battalion Chiefs / IAFF - Benefits at a Glance

|                                     |                                     |  |
|-------------------------------------|-------------------------------------|--|
| <b>Medical</b>                      | LEOFF Trust - Premera Plan B        | City pays 100% for employee; 90% for spouse/dependents |
| <b>Dental</b>                       | AWC Delta Dental Plan E w/ Ortho IV | City pays 100% for employee, 90% for spouse/dependents |
|                                     | AWC Willamette \$15 Copay           | City pays 100% for employee, 90% for spouse/dependents |
| <b>Vision</b>                       | LEOFF Trust - Premera Plan B        | Included in Medical Cost                               |
| <b>Life</b>                         | \$50,000 (effective 3/1/2025)       | Provided by Standard through AWC                       |
| <b>MERP</b>                         | WSCFF MERP                          | City Pays \$50.00 / month; Employee pays \$25 / month  |
| <b>Deferred Comp</b>                | City Match                          | 4.00%  |
| <b>Retirement</b>                   | LEOFF II                            |  |
| <b>Supplemental Disability/Life</b> | WSCFF Life and Disability           | Employee Paid  |

*\$1500 or \$3000 VEBA depending on employee only or family coverage*

|                                 |          |                | Medical Opt-Out (incentive paid to employee) |                     |
|---------------------------------|----------|----------------|--|---------------------|
| 2024 LEOFF Trust (Fire) HD Plan | Premiums | Employee Share | Employee & Dependents                        | Spouse / Dependents |
| Active Employee                 | 736.86   |                | 331.59                                       |                     |
| Employee/Spouse                 | 1570.36  | 83.35          | 669.15                                       | 337.57              |
| Employee/1 Child                | 1195.92  | 45.91          | 517.51                                       | 185.92              |
| Employee/ 2+ Children           | 1437.49  | 70.06          | 615.34                                       | 283.76              |
| Employee/Spouse/1 Child         | 2029.42  | 129.26         | 855.07                                       | 523.49              |
| Employee/Spouse/2 Children      | 2270.97  | 153.41         | 952.90                                       | 621.31              |

| Delta Dental with Ortho Rider IV | Premiums | Employee Share | Medical Opt-Out<br>EE & Dep      Sp & Dep |       |
|----------------------------------|----------|----------------|---|-------|
| Employee                         | 49.66    | 0.00           | 22.35                                     |       |
| Employee + 1                     | 93.38    | 4.37           | 40.05                                     | 17.71 |
| Employee +2 or more              | 187.26   | 13.76          | 78.08                                     | 55.73 |

| Willamette Dental   | Premiums | Employee Share |
|---------------------|----------|----------------|
| Employee            | 52.6     | 0.00           |
| Employee + 1        | 101.42   | 4.88           |
| Employee +2 or more | 167.28   | 11.47          |